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CONFIRMATION NO. 9113

<b>SERIAL NUMBER</b> 10/719,024	<b>FILING OR 371(c) DATE</b> 11/24/2003 <b>RULE</b>	<b>CLASS</b> 435	<b>GROUP ART UNIT</b> 1647	<b>ATTORNEY DOCKET NO.</b> 50229-420
<b>APPLICANTS</b> Grace Jones, Lexington, KY; Davy Jones, Lexington, KY;				
<b>** CONTINUING DATA *****</b> This appln claims benefit of 60/428,282 11/22/2002 <i>SAS</i>				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> ** 08/09/2004				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <i>[Signature]</i> <i>[Signature]</i> <i>SAS</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> KY	<b>SHEETS DRAWING</b> 13	<b>TOTAL CLAIMS</b> 29
<b>INDEPENDENT CLAIMS</b> 24				
<b>ADDRESS</b> 20277				
<b>TITLE</b> Mutants and assay system to identify USP/RXR ligands				
<b>FILING FEE RECEIVED</b> 1786	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	